

FY2015 CHNA&HIP Progress Report

Calhoun County

Community Health Improvement Plan

GOAL	Strategies	Progress on Strategies
<p>1. By FY 2015, Adults in Calhoun County report increased healthy eating and physical activity</p> <p>2. By FY 2015, reduce overweight and obesity rates in adults to 25% or less; Baseline 29%.</p> <p>3. By FY 2015, Calhoun County's rank related to Health Outcomes has improved to #85</p> <p>4. By FY 2015, adults report increased participation in Screening and Early Detection programs</p>	<p>1. Hold 2 Powerful Tools for Caregivers classes annually. Develop Health Coaching system within hospital system.</p>	<p>CCPH staff could not generate enough commitment from other public and private health providers to generate enough participants to take the BCBH course. Other SMCH staff training took precedence over plans to send staff to the BCBH training. Discussions between the organizations did result in Stewart Memorial Community Hospital (SMCH) training and conducting classes for "Powerful Tools for Caregivers" and Health Coaches with similar goals for individual health and wellness improvement. Hospital and clinic administration continue to voice commitment to community health education in the future. Public Health and SMCH are doing initial planning to conduct joint CHNA-HIP to assess indicators for goals and objectives of HIP.</p>
	<p>2. Encourage high employee participation in employer-based wellness programs.</p>	<p>CCPH and SMCH staff meet periodically to implement plans that motivate employees to utilize insurance wellness incentives. CCPH did not get enough participants to hold tobacco cessation classes but is referring to Quitline and referring to Webster County / UnityPoint smoking cessation classes and completing IDPH Tobacco Prevention Grant activities as community project. Continue to promote tobacco prevention through periodic radio ads. Public Health and hospital developed locations and work practices that allow and encourage staff to exercise at work either walking or using employer-provided equipment. Public Health working with owners of three (3) businesses to establish screening and immunization programs - not yet established routine practices or policies.</p>

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	3. Encourage adults to participate in routine, periodic wellness screenings through multiple venues: medical home (The Guide to Clinical Preventive Services – 2007); public programs (Breast and Cervical Cancer Screening, colorectal screening); insurance plans (Medicare and Medicaid preventive physical examinations; Patient Protection and Affordable Care Act)	CCPH and SMCH are actively engaging employees in health promotion activities through internal Wellness Committees and collaboration with insurance carriers. CCCPH staff has taken a greater leading role in 4-county public health project based on Iowa's Dept of Health program " <i>Care for Yourself</i> " assuring that low income women receive breast and cervical cancer screening, as well as, heart health screening and education through care coordination with local medical providers - 17 women have been served this reporting period.
	4. Promote use of recreational areas, walking and cycling activities	CCPH helped organizers promote Twin Lakes Triathlon.
	5. Promote routine oral health screening and hygiene	Public Health staff promotes dental home development with Maternal Health services.
	6. Align local projects with evidence-based projects offered by federal and state funders	CCPH staff displayed a Cancer Prevention poster, blood pressures were taken, heart health educational materials were distributed at REC and 2 Pesticide Applicator trainings. CCPH staff continues to coordinate Seniors and Law Together educational events 3 times per year at various locations in the county. CCPH partners with Webster County to distribute Radon Detection and Mitigation info. Public Health staff provided sunscreen at the Twin Lakes Marathon.
	7. Sustain and support local self-help projects to enable adults to monitor their health: mobile screening clinics, local provider projects	Public Health staff promotes participation in adult and child medical homes through care coordination with individuals searching for health services.

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<p>1. By FY 2015, BMI studies of local elementary and high school students show 2% reduction in obesity and overweight rates.</p> <p>2. By FY 2015, School officials, parent groups and students report increased consumption of healthier food & beverage choices in school lunch programs and at extra-curricular events.</p> <p>3. By FY 2015, dental screening rates in local schools will be increased to 90%.</p> <p>4. By FY 2015, students requiring dental treatment will be lowered to 14%</p>	<p>1. Conduct periodic Body Mass Index study of K – 12th grades in all County Schools if requested.</p> <p>2. Complete analysis of BMI study utilizing CDC BMI Tool when requested.</p> <p>3. Distribute analysis results to school officials and parents when requested.</p> <p>4. Support implementation of Healthy Kids Act:</p> <ul style="list-style-type: none">• Educate school / parent groups to offer healthier choices at school extracurricular events.• Make recommendations to school and community officials related to walk-a-ability assessments and improvements <p>5. Participate in medical home development and sustain support for comprehensive, age-appropriate screenings throughout childhood</p> <p>6. Develop and implement social media campaigns to disseminate federal, state & local promotional messages, programs & services access: Eat and lay the 5-2-1- Way; IPHA Advocacy Statements; Healthy Iowans; Iowa Cancer Consortium, Iowans Fit For Life, WIC</p> <p>7. Support implementation of I-Smile Program; school-based fluoride rinse programs; public health screening and fluoride varnish program</p> <p>8. Provide healthy nutrition and activity / playground info to child care providers</p>	<p>School nurses willing to report ht and wt for K-12 grade students annually to CCP, but school officials took minimal action using PH recommendations to Healthy Kids Act based on BMI results. Calhoun County school-age children continue to exceed state and federal overweight and obesity rates. CCPH staff meet with school nurses in spring and fall to discuss a variety of current nutrition topics including school event snacks, school lunch requirements, fund-raising options. Healthy choices are now being offered, although high sugar, salt and fat snacks are still available to students. Barriers to school walking routes for students are formidable due to lack of sidewalks and need for street repair - much more work is needed by an expanded group of community members. Medical Homes for families with young children continue on an average of 7 times per week at local medical clinics. CCPH and medical providers are beginning discussions on strategies to expand medical home concepts to 6 - 21 year olds. Families with young children receive oral health screenings by specially trained nurses at WIC. Regional I-Smile provider offers dental sealants in June at CCPH office.</p>

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<p>1. By FY 2015, Calhoun County organizers report steady to increased participation of local producers and consumers at area Farmer's Markets.</p> <p>2. By FY 2015, indicators of NEMS survey tool will show improvements in 10 of 12 indicators</p>	<p>1. Establish local promotional messages to increase awareness of benefits of locally grown foods and farm-to-school projects.</p>	<p>CCPH staff continues to improve their knowledge of strategies and tactics to develop promotional messages to increase community awareness of the benefits of producing foods locally.</p>

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	2. Provide incentives for the production, distribution and procurement of foods from local farms.	CCPH staff continues collaboration with ISU Extension Loving Your Family-IA Project to provide cash coupon rewards to families who complete lessons focusing on healthy food purchase and preparation. Long-term home visitation MCH clients are encouraged to participate in weekly Farmer's Markets and fresh produce sales in their communities. Public Health matched local community grant funds to develop a new community garden.
	3. Enhance & encourage collaboration between food and nutrition programs.	
	4. Repeat Nutrition Environment Measures Survey (NEMS)	Not planned at time of this report.

GOAL	Strategies	Progress on Strategies
By FY 2015, indicators of family health and happiness will be better than Iowa's indicators	<p>1. Sustain credentialed Family foundations Program to:</p> <ul style="list-style-type: none"> • Prevent Child Abuse • Enhance Parent-child Interaction • Promote Child Health • Promote child development and school readiness 	Family Foundations program has been sustained through Early Childhood grant and local tax funds when grant resource is expended - 52 families with 80 children receive long term parenting skills development assistance annually. CCPH staff address behavior issues identified during WIC, child care and medical home visits. Schools have embraced Positive Behavioral Intervention Services (PBIS) - and have added or are in the process of providing in-school social workers. CCPH maintains a Behavioral and Mental Health resource guides for teachers and parents.
	2. Support and participate in physician-based medical home that establishes routine, periodic, comprehensive, age-appropriate contact with medical professionals throughout childhood, adolescence and adulthood.	Public - private co-located medical homes are scheduled at least 7 times per month through informing and care coordination by public health staff. CCPH and SMCH staff provide their own piece of the age-appropriate well child screening and exam and bill their appropriate funding source - over 569 contacts were made with children and families.

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By FY 2015, 0 death rate for children age 1 – 14 in Calhoun County will continue	1. Develop & implement bike safety education program for all Calhoun Count 1 st Grade students.	CCPH conducts bicycle safety sessions with all Kindergarten children in four (4) school systems. Helmets were distributed during the classes.
	2. Post signs on Twin Lakes bike trail to promote safe	Completed in FY 2011.
	3. Discuss alcohol, other drugs, violence and abuse, suicide and motor vehicle safety issues with community partners to determine level of preventive activities available	CCPH participate in two (2) interagency councils: (1) County Attorney leads monthly sharing and educational meeting during the school year between school officials and family service providers; County General Assistance staff leads monthly sharing and educational meeting between community service providers.
	4. Participate in Farm Safety Days annually	Completed annually in September. Safety topics vary according to partnering agency plans.
	5. Develop plan to address injury threat of off road vehicles (ATVs & snowmobiles) and farm safety:	CCPH continues distribution of ATV flags and helmets; flags are distributed from County Recorder's office with safety booklets when residents register their vehicles.
	6. Lead or participate in car seat / seat belt safety projects	County EMS has partnered with SMCH to provide car seat installations. Staff is knowledgeable of resources and uses websites for promotions and community education information.
	7. Research other Farm Safety resources, i.e. U of I, ISU, IDPH, IDALS, Agrisafe Network, Farm Safety Just 4 Kids, AgriWellness, Easter Seals, Iowa Farm Safety Council, Nat Center for Agricultural Safety	CCPH staff is knowledgeable about safety websites and uses the sites routinely to develop promotional messages and search for grants.
	8. Research and apply for local, state, and private foundation grants to fund safety projects: Calhoun County Community Foundation, Wellmark Foundation, IDPH Child Injury Prevention grants	

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1. By FY 2013, Calhoun County residents age 65 and older report behavior changes that result in better balance and safer homes 2. By FY 2015, CCPH fall incident reports are reduced by 10%	1. Establish & implement an evidenced-based fall prevention program for the elderly: Matter of Balance. <ul style="list-style-type: none"> • Train staff • Develop promotion plan • Schedule minimum of 2 community-based fall prevention programs per year 	CCCPH staff are trainers for Matter of Balance group education to prevent falls. Staff holds classes twice per year. Development of routine referrals from EMS responders and hospital and medical clinic providers is needed. Satisfaction surveys post MOB classes indicate participants have better balance and feel less likely to fall.
	2. Share CCPH Incident Report with staff and governing boards	Incident report summaries and quality improvement plans are shared with staff and Board of Health annually.

GOAL	Strategies	Progress on Strategies
1. By FY 2015, Calhoun County Environmental Health (EH) program will meet accreditation standards: <ul style="list-style-type: none"> • Provide comprehensive EH services • Monitor for environmental health risks and illnesses • Enforce environmental health rules and regulations • Assure a competent EH workforce 2. By FY 2015, 100% of children 9mo to 35mo will be tested for blood lead 3. By FY 2015, users of Rental Guide will report it helped consumers to remedy their housing complaints 4. By FY 2015, # of pounds deposited at HHW site will increase by 25% or 810# (Baseline 3,230# FY 2010)	1. Initial complaint is referred to City Hall. 2. Educate EH staff on latest building codes; make county staff available to towns for consultation when needed 3. Establish and maintain policy & procedure to follow when housing complaints are received 4. Educate the public & city governments of model housing policies, procedures, ordinances, policies and procedures 5. Maintain Healthy Homes service to local residents / home owners to improve indoor air quality; offer education 6. Continue to use 100% Grants to counties monies for well closures and testing 7. Continue Food Inspection Program 8. Develop and sustain GIS mapping to identify abandoned wells 9. Periodic sharing among public and private housing organizations to assist owners and residents to navigate the complex public assistance process 10. Increase social marketing plan to educate contractors and community of EH services and benefits 11. Research and apply for local, state, and private foundation grants to fund EH services	CCPH staff strives to comply with IDPH Standards. Staff obtained certification as Healthy Homes Specialist, continues to receive and address housing complaints from community and works with home owner and resident to improve substandard living conditions. Calhoun County does not plan to establish local building codes. CCPH staff participate in radon testing services, offering free radon testing and remediation resources to private homes and schools - funded by IDPH grants and local tax dollars. CCPH EH Specialist continues to provide Grants to Counties and Food Inspection programs. Staff has increased efforts to promote programs and services through radio ads and newspapers. GIS mapping capacities have not grown due to lack of identified need at this time.

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1. By FY 2015, Calhoun County's rate of adults who receive flu vaccine is increased by 10% 2. By FY 2015, adult Tdap immunization rates 3. By FY 2015, immunization levels of children age 19 – 35 months is increased to 90%. 4. Annually, CCPH staff will meet or exceed 90% completion rate for IDSS reporting requirement	1. Sustain seasonal flu and pneumonia immunization programs; avoid duplication by annually collaborating with other local providers prior to the season 2. Increase social media as venue for promotional efforts 3. Develop plan to immunize adolescents and high risk adults with Tdap vaccine according to CDC recommendations <ul style="list-style-type: none"> • Apply for G.I.F.T. Tdap Grant in 2011 • Conduct mass media marketing to increase awareness • Increase accessibility through distribution at community and school based clinics 4. Promote and participate in physician-based medical homes for children and adults to provide comprehensive, preventive health services which includes immunizations according to American Council on Immunization Practices (ACIP) 5. Assure CCPH staff is proficient in: <ul style="list-style-type: none"> • IRIS Entry • Age-appropriate vaccine administration recommendations (ACIP) • Monthly reminder & recall • Appropriate use of VFC vaccine 6. Develop & implement usage and billing policy for private vaccines	CCPH and SMCH Home Care staff fully collaborated to assure the county is served by non-duplicated community based flu vaccination clinics. Facebook page participants are increasing but not enough to be effective method to achieve increased rate at this time. Local newspaper and radio ads best means to promote access to clinics. CCPH continues school-based clinics to provide Tdap to adolescents annually - 690 vaccines were provided in FY13. Reminder notices are sent to families who are behind on their immunization schedule. All children are assessed for current immunization status prior to well child medical home clinics and private and VFC vaccines are provided regardless of payer source. Public and private providers enter immunizations into IRIS.
	7. Assure nursing staff knows communication systems to assure Disease Surveillance and Epidemiology and educate community on containment issues; Iowa Disease Surveillance System (IDSS)	

GOAL	Strategies	Progress on Strategies
By 1/1/2013, all Calhoun County first responders will be in compliance with the Narrow Bandwidth Radio requirement.	1. Begin replacing radios. <ul style="list-style-type: none"> * Replace 150 radios * Apply for Calhoun County Community Foundation Grant in 2011. * Conduct trainings to assure adequate utilization 	Grants applied for and received from IDPH to evaluate and upgrade hand-held radios for all volunteer fire departments, EMS providers, and county dispatchers. Public Health still needs to become proficient at using hand-held radios. CCPH and SMCH is proficient and tests 800 mHz radios monthly.

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1. By FY 2015, CCPH will meet accreditation standards for Prepare for, Respond to and Recover from Public Health Emergencies: <ul style="list-style-type: none"> • Maintain and update the Public Health Emergency Response Plan • Participate in local and regional multidisciplinary response planning process • Annually test the Public Health Response Plan • Assure public health preparedness through education and training 	1. Identify and prepare all PH staff: <ul style="list-style-type: none"> • Participate in Iowa's Preparedness Grant projects • Focus on multi-disciplinary approach to local response (LE, elected officials, DHS, EMS/EMA, EH, PH, medical clinics, hospitals) • Involve all levels of response staff in local exercises and drills. • Assure redundant communications systems 	Accreditation standards in progress using Iowa Public Health Standards. CCPH and SMCH have been compliant with IDPH grant performance measures.
		Completed per IDPH grant requirements
		HealthCare Coalition developed with by-laws and MOU in July of 2013
		Increasing numbers of hospital and public health staff participating in coalition activities and receiving required trainings.
		Response partners have developed multiple ways to communicate: monthly meetings, handheld radios, cell phones, landline phones, computer e-mail.

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Calhoun County residents will continue to be served by a home health care system that provides skilled and maintenance services, regardless of ability to pay.	1. De-certify Public Health Medicare home care program.	CCPH staff increased communication and shared projects with SMCH, McCrary-Rost Clinics and other neighboring public health agencies to reduce duplication of services and identify unmet needs of the community. High Risk MCH home care discontinued due to increased denials by Iowa Medicaid Enterprise. Webster County leadership with Care Coordination Project and collaborative efforts with SMCH have assured public health's role as Safety Net provider.
	2. Evaluate how individuals and families may get dropped or lost in the health and human service system	
	3. Sustain communications with certified agencies to share service eligibility and exchange referrals so people do not "fall through the cracks".	

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By FY 2015, Calhoun County website will be utilized by community members and providers to broadcast services, exchange information and implement public health service and response plans.	Develop a social marketing process that uses multiple methods to engage private citizens and service providers to communicate in appropriate manners: website development, Facebook, twitter, group texting.	CCPH website continues to maintain an A - Z directory that links community members and other providers to a wide variety of resources. CCPH staff has received training and a contracted vendor is used to maintain current resource information and sustain functionality of the site. CCPH needs to inform and education the public and other providers to evaluate adequacy and increase use of the site.